IFW/

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/684,226
Filing Date	October 10, 2003
First Named Inventor	Bruce Rutherford
Group Art Unit	3732
Examiner Name	Cary E. O'Connor

Total Number of Pages in This Submission	3	

Attorney Docket Number	32087/1010

ENCLOSURES *(check all that apply)*

- [ ] Fee Transmittal Form
  - [ ] Fee Attached
- [X] Amendment / Reply ($_____)
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [X] Extension of Time Request ($120.00)
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement ($____)
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Notice to File Missing Parts/ Incomplete Application ($_____)
  - [ ] A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Assignment Papers *(for an Application)*
- [ ] Drawing(s)
- [ ] Declaration and Power of Attorney
- [ ] Licensing-related Papers
- [ ] Petition ($_____)
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer ($_____)
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____

- [ ] After Allowance Communication to Group
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to Group ($____) (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [ ] Application Data Sheet
- [ ] Request for Corrected Filing Receipt with Enclosures
- [X] A self-addressed, prepaid postcard for acknowledging receipt
- [X] Check in the amount of $120.00
- [ ] Other Enclosure(s) *(please identify below)*:

Remarks

[X] The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	*(signature)* Registration No. 30,727
Date	June 20, 2005
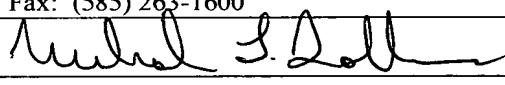
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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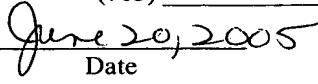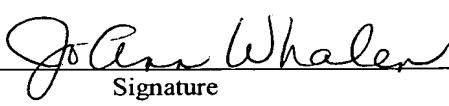
June 20, 2005	*(signature)*
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	Jo Ann Whalen
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